

## CLAIMS ONLY

Application Number

10581843

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
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50						
Total Indep	3					
Total Depend	17					
Total Claims	20					

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100				
Total Indep				
Total Depend				
Total Claims				